

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

Tagsense/ID

Submission Type: Utility Patent
Filing

Electromagnetic Identification Label for Anti-Counterfeiting, Authentication, and Tamper-Protection

First Named Inventor: Mr. Richard Fletcher

SUBMITTED BY

Name:

Dr. Richard Fletcher

Electronic Signature Mark: Richard
Fletcher

Date Signed: 20020731

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

TagSenseIDLabelapds.xml

fee-transmittal

TagSenseIDLabelfee.xml

us-information-disclosure-statement
specification

TagSenseIDLabelids.xml

TagSense-ID-label.xml

Comments:

I claim small entity status as I am the sole employee of a small business.

FREE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 552

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 4963
 Expiration Date: 20021104
 Authorized Name: Richard Fletcher
 Billing Address: 02141

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 4	202	\$ 42	1	\$ 42
Multiple Dependent Claims	204	\$ 140		\$ 140

Subtotal For Extra Claims Fees: \$ 182